

Core Services

All services currently offered to people with Brain Injuries should continue to be offered as Core Services. Below is a list of current core services that are available to Iowans.

Current core services are all programs included in the Brain Injury Services Program at the Iowa Department of Public Health, Medicaid State Plan Brain Injury Services and Home and Community Based Brain Injury Waiver Services.

- Neuro- Resource Facilitation (NRF):
 - NRF is an evidence based, national best practice in the field of brain injury. NRF is a statewide and regional service that responds to the unique medical, disability and co-occurring* (*=multi-occurring disorders to include mental health, substance abuse, intellectual disability, and brain injury in any mix) needs of Iowans with brain injury and their families. This service supports individuals with brain injury, their families, caregivers and providers to choose, get and keep needed services and supports reducing the risk of segregation as well as the risk of secondary conditions, leading to an increased ability to live, learn, work and recreate in communities of choice. This service is contracted through the Iowa Department of Public Health (IDPH).
- Iowa Brain Injury Resource Network (IBIRN):
 - The Iowa Brain Injury Resource Network (IBIRN) is a Statewide and regional system providing communication, education and resource sharing (i.e. BI Tote Bags) with identified primary points of contact for individuals and families living with brain injury (i.e., medical, mental health, disability, substance abuse, corrections and educational sites, etc). This service is contracted through the Iowa Department of Public Health.
- Community Based Neurobehavioral Rehabilitation services funded through state Medicaid dollars
- Medicaid Home and Community Based Services Brain Injury Waiver program and services
- Post-Acute inpatient and outpatient neurorehabilitation at the skilled nursing level of care
- Medicaid funded intensive skilled neurobehavioral services currently unavailable in Iowa to children and adults. (PMIC & skilled nursing level out of state)
- Other Medicaid Plan Brain Injury Services
- Brain Injury Registry Outreach letter (this is an IDPH activity)

The following recommendations are ranked in a prioritized manner based on degree of impact (high first) and difficulty in deployment (low first). Each section has been ranked separately. Please see the attached document mapping out details of each ranking. The MHDS Brain Injury Works recommends all services should be affordable, accessible, available, appropriate and acceptable to all individuals with Brain Injury in all regions.

Optimized Core Services

Optimized core services refer to modest and relatively low cost, high impact adjustments to current core brain injury services.

Recommendation Ranking for Optimized Core Services	Recommendation
A-1	Eligibility determination <u>at the time of application</u> for Medicaid Waiver funding based on fiscal, functional and diagnostic criteria, immediate referral to NRF regardless of eligibility.
A-2	Uniform brain injury assessment process and tool across regions.
A-3	Prescreen of individuals for brain injury at all access points (i.e., MHDD, ID, Substance Abuse, etc).
A-4	Replace current assessment tools for the brain Injury Waiver with a more sensitive, standardized tool to assess cognitive, psychosocial and functional abilities and needs, to determine initial and ongoing eligibility for state brain injury services.
A-5	Provide funding to eliminate any waiting period for eligible individuals within the HCBS BI Waiver, thereby decreasing expensive and untoward medical outcomes and associated secondary conditions.
A-6	Increase availability of post-acute inpatient and outpatient neurorehabilitation skilled nursing facility level of care to reduce need for out of state placement and increase ability to bring people back to Iowa from out of state placement.

Prioritized Expanded Core Services

Prioritized expanded core services refer to moderate to mid costs, high impact adjustments to current core brain injury services in the following prioritized level of impact (high) and difficulty (low).

Recommendation Ranking for Prioritized Expanded Core Services	Recommendations
B-1	Regional administrative hubs shall be required to participate as IBIRN sites with adequate funding for regional resource materials (i.e., Brain Injury Tote Bags).
B-2	Increase timely access to services and supports via a reduced lag time for receipt of information regarding brain injury services associated with letters generated from the Brain Injury Registry.
B-3	Expand the scope of the Residential Care Facilities specialized licensure (IAC 481-63.47(135C)) to include Brain Injury.
B-4	Expansion of current NRF services to accommodate the significant increase in utilization of this service to allow NRF caseloads to align with national averages.
B-5	Optimize case management for brain injury services by developing specialized brain injury case management within DHS and in independent settings.

B-6	Increased and adequate funding for unfunded Brain Injury Service Programs.
B-7	Elevate Governor's Advisory Council on Brain Injuries to the Brain Injury Services Commission to expand the current scope of this governmental body to include identifying it as the state policy making body for the provision of services to Iowans with Brain Injury.
B-8	Expand the availability of Medicaid funded intensive neurobehavioral/neurorehabilitation services in both residential and home environments.

Prioritized New Core Services

Prioritized new core services refer to moderate to mid costs, moderate to high impact new services, absent from the current service system.

Recommendation Ranking for Prioritized New Core Services	Recommendations
C-1	Implement a standardized Brain Injury screening tool identified in collaboration with the Brain Injury Services Commission (see item B-7) to be implemented at all access points to include, but not limited to: all agencies as required by 225C.23, domestic violence shelters, mental health centers, substance abuse treatment centers, emergency rooms, homeless shelters, senior centers, schools, correctional facilities and non-profit or community based organizations providing human services.
C-2	Form and support a state of Iowa interagency, intergovernmental Brain Injury coordinating committee to meet quarterly to continue deploying best practices for Brain Injury services.
C-3	Deploy Brain Injury competency (through training and education) in existing and new crisis intervention program.
C-4	Deploy and expand telehealth services for Iowans with brain injury and multi-occurring disorders.
C-5	Develop a statewide Brain Injury consultation team, composed of individuals from the fields listed below, to serve as Brain Injury consultants: medical (i.e. MD, RN, MSW, CBIST), education, vocational, judicial, law enforcement, mental health, substance abuse, domestic violence shelter staff, homeless shelter staff, correctional facilities, and community based organizations providing human services and related .
C-6	Deploy Brain Injury competency (through training and education) in existing and new jail diversion program.
C-7	Deploy and expand services to engage survivors of brain injury and their families in on-going education, peer support, mentoring and advocacy opportunities.
C-8	Develop and deploy a web-based, searchable, comprehensive Brain Injury resource information and Services Database/directory. Develop and deploy an internet based Brain Injury in Iowa specific information,

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	services and resource directory.
C-9	Specialized brain injury training and consultation for direct service providers across the service array to include but not limited to human services, rehabilitation, nursing, skilled nursing, home health agencies, assisted living, correctional and judicial agencies.
C-10	Access to flexible and reliable transportation services for Brain Injury rehabilitative and Brain Injury medically necessary care and community integration.
C-11	Deploy follow up service to individuals receiving brain injury registry outreach letter.
C-12	Develop and deploy a follow-up outreach service for individuals served by the Iowa Brain Injury Resource Network.
C-13	Develop acute inpatient neurobehavioral treatment programs to prevent out of state placements for Iowans with Brain Injury and multi-occurring disorders.